

For all Americans, if you ask: What do you think, is this going to cost more or less, they think it is going to cost more. When I ask people at townhall meetings: Do you think you will have better or worse care, the show of hands is that they will have worse care. Americans don't want to pay more and get less. People want value for their money.

People who depend on Medicare are rightly more suspicious than other folks because of the impact this is going to have on them. They understand \$500 billion is going to be cut from their health care.

Mr. ALEXANDER. We have 4 minutes left. I believe I will wrap up and leave the last minute to the Senator from Utah. Our point is a pretty simple one. We believe, we Republicans, that after this bill is put together, we ought to have ample time to read it, that it ought to be on the Internet for 72 hours, and that we ought to hear from the nonpartisan Congressional Budget Office how much it costs. Why would we do that? Because we have differences of opinion over whether it hurts people on Medicare, over whether States will have to raise taxes in order to pay for Medicaid, over whether the assumptions made will actually add to the debt, over how large taxes are on small businesses. We have differences of opinion. The only way we can intelligently debate those is if we can read the bill and know what it costs.

On the Republican side, we believe we should focus on reducing costs and go step by step to re-earn the trust of the American people by fixing health care in that way, starting with such ideas as permitting small businesses to pool their resources in order to offer insurance to a larger number of people. Another way to reduce cost would be to find ways to eliminate junk lawsuits against doctors.

The Senator from Utah may have other thoughts about the importance of reading the bill.

Mr. BENNETT. Mr. President, I will make this comment with respect to the remarks of the Senator from Tennessee with reference to the CBO. We need hard numbers, but we do have a preliminary understanding already.

The Director of the CBO, Mr. Elmen-dorf, was asked if it is true that the fees established in the bill would ultimately be passed on down to the health care consumer, and his response:

Our judgment is that the piece of legislation would raise insurance premiums.

If we go more deeply into the CBO analysis, we find that not only would premiums in the individual market be higher than under the proposed reform, but taxes on insurers and drugs and devices would be passed on to consumers in the form of higher premiums. Finally, CBO also says that the premiums would be extremely high even after the proposed reforms because taxpayers would be subsidizing expensive plans. We clearly need the kind of careful analysis that clothes these com-

ments with actual numbers. Without those, how can we vote with any kind of clarity on the proposal before us.

Mr. ALEXANDER. I thank the Senator from Utah and yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois is recognized.

#### HEALTH CARE REFORM

Mr. DURBIN. Mr. President, I would like to debate the Republican plan for reforming health care. I would like to see the Republican plan for reforming health care. I would like to know what they stand for when it comes to reforming health care. They have been given adequate opportunity—

Mr. ALEXANDER. Will the Democratic leader yield?

Mr. DURBIN. Regular order, please.

The ACTING PRESIDENT pro tempore. The Senator from Illinois has the floor.

Mr. ALEXANDER. He asked me what our plan is. I would be glad to tell him.

Mr. DURBIN. Mr. President, they have been given ample opportunity, to the point where they offered 160 amendments which were adopted in the HELP Committee when we were debating the bill, 160 Republican amendments. So they brought in their ideas, we put them in the bill, and then when the bill came up for final passage, not one Republican would vote for it. Over and over again, all they can do is criticize. They are just upset with the idea of changing the health care system.

I am particularly amused with the defense of Medicare by Republicans. This is a historic change for a party that used to call it socialized medicine, a party that said: Keep the government out of health care, when we created Medicare. Now they are coming to the defense of Medicare. The reason they are is because 45 million Americans count on Medicare every single day; 45 million seniors know that without Medicare, their family savings would be in danger if they had a catastrophic illness after they have reached retirement; 45 million Americans who know the fact that for the last 40 years we have improved the longevity, the life expectancy of seniors because of Medicare.

Let me tell the Senate what their real agenda is. When Republicans come here and talk about Medicare, it is all about health insurance companies. It is all about the health insurance companies that are turning down Americans when they want to have their basic coverage for medical care. It is all about health insurance companies that continue to raise the cost of their product and exclude people from coverage. It is all about health insurance companies that are seeing some of the greatest profits on Wall Street.

So how do you link up these two, Medicare and health insurance companies? In a program called Medicare Advantage. Pay close attention to this program. Here is what the health in-

surance companies said to the Republicans several years ago. They said: The government doesn't know how to run health care. The government doesn't know how to run Medicare. We, the private health insurance companies, will show you how to do this. Let us offer Medicare benefits. We will call it Medicare Advantage and let the people decide, let seniors decide if they want to buy the private health insurance plan for Medicare or if they want to stay in the traditional government-administered Medicare.

About one out of four seniors decided to buy into the private health insurance plans for Medicare called Medicare Advantage. In fact, across America, more than 10 million Americans have enrolled in Medicare Advantage. Since 2003, the number of Medicare beneficiaries enrolled in private plans has nearly doubled, from 5.3 million to the 10.2 million I mentioned earlier. It is higher in urban areas than it is in rural areas, higher in some parts of the country than in others.

How did the experiment work? How did it work when the health insurance companies said: We can do it better than the government when it comes to Medicare? They failed. Not by my estimation, by MedPAC, a group that has stepped back and has said: Well, the premiums they are charging per Medicare recipient are higher than what people would be paying under Medicare—14 percent higher.

So these private health insurance companies have a sweet deal: 10 million Americans buying their private health plans instead of traditional Medicare, and they are overcharging them by 14 percent. Who pays the 14 percent? All the rest of Medicare recipients. The money is taken out of the Medicare Program. It means Medicare solvency is challenged because private health insurance companies have failed under Medicare Advantage.

President Obama and Members of Congress have said: This subsidy to private health insurance companies to try to offer Medicare at a lower cost, which has failed, has to come to an end. If it comes to an end, what is it worth over 10 years? It is \$180 billion. So when we say we are taking \$180 billion in savings in Medicare, we are closing down the failed experiment by private health insurance companies to offer Medicare as a private health insurance plan.

The Republicans are coming and complaining: Oh, they are taking money out of Medicare. Yes, we are. We are taking the subsidies to the private health insurance companies out of Medicare. So their complaints are basically complaints in defense of private health insurance companies. They can make all the case they want about private health insurance companies. I will take the case to the American people that private health insurance companies need to treat Americans a heck of a lot better than they are right now.

You know what I am talking about. Preexisting conditions. If you are unfortunate and have a preexisting condition and turn in a claim to a health insurance company, get ready for a battle. First, you are going to battle some faceless clerk in Omaha, NE; and the next thing is going to be your doctor calling that office saying: For goodness sakes, you are not going to cover this procedure, this surgery this person needs under health insurance?

That battle takes place every single day, thousands of times, when private health insurance companies say no or they wait until you are sick to cancel you or they will not let you take your health insurance from one job to another. Over and over again, people across America know what the private health insurance companies are up to.

Because, unfortunately, the Republicans do not have a plan in terms of health care reform, because they will not join us in trying to put one together, President Obama has reached out to them, we have reached out to them. We have asked them to join us in this conversation: Join us in this debate. They have refused to do it. They will not be part of it.

Only one Republican, a Senator from the State of Maine on the Senate Finance Committee, Senator SNOWE, is keeping an open mind on this. I appreciate that. All Americans should. She said: I want to see this final product. I am not ruling out voting for it. Senator BAUCUS, the chairman of the Finance Committee, spent months, literally months, in a room with three of our colleagues—Senator SNOWE was one, Senator ENZI of Wyoming, Senator GRASSLEY of Iowa—trying to come up with a bipartisan approach, and eventually the Republicans walked out of the room but for Senator SNOWE.

It is not as if we have not tried to engage them. But for reasons I cannot explain, they do not want to be part of this conversation about the future of health care in America. They come down to one or two issues or one or two theories, and then they take a walk.

Democrats want to protect consumers from health insurance companies and the abuses they have heaped on the American people. Unfortunately, whether it is Medicare Advantage or other health insurance reforms, the Republicans will not join us. They are on the side of the health insurance companies, not on the side of change to protect Americans from the abuses of health insurance companies.

We want to strengthen Medicare. We want to maintain the benefits, even expand them, to the point where, for example, we close the doughnut hole in the Medicare prescription program. That is a term of art that has come about on Capitol Hill that basically reflects the fact that if you are under Medicare Part D, having your prescriptions paid for, and you have a lot of bills, you could reach a point during the course of the year where there is a gap, a percent where you have to put

all the money in out of your own pocket, and then, after you spend up to another level, you get coverage again. They call it the doughnut hole. We would like to fill it. It is an uncertainty for seniors that needs to be taken care of.

We also would like to make sure seniors have preventive care, so whether they need a mammogram or a colonoscopy or some sort of procedure to find out if there is an illness at an early point, they can get it to be able to deal with it effectively. That ought to be part of it as well. But instead, what did we run into?

Senator JOHNNY ISAKSON is from Georgia. He is a conservative Republican and proud of it. He came into the HELP Committee, and here is what he said: We think we ought to provide, under our insurance plans, that patients can have a confidential meeting with their doctor to discuss one of the most delicate and difficult topics we can consider—end of life care—so the doctor would know: What is your wish, what do you want to have happen if you find yourself in a long-term illness and some important decisions have to be made about extraordinary care.

Senator ISAKSON of Georgia said: I think we ought to cover that under health insurance. We ought to at least give one appointment so the doctor and patient can discuss the possibilities and so the doctor knows what the patient feels will give peace of mind on both sides, should that terrible day ever come.

Do you know what happened to Senator ISAKSON's idea of that meeting? It turned into a Republican diatribe against death panels: Somebody is going to pull the plug on grandma. In fact, one of the Republican Congressmen took to the floor of the House of Representatives and actually said: This is a death panel. Sarah Palin, former Governor of Alaska, used that phrase too.

I can tell you Senator ISAKSON did not propose that. What he proposed is a sensible, commonsense approach. But it shows you the extremes in fear that are being spread by some who do not want to discuss health care in an honest and open way.

We want to make sure people are happy with the insurance they have. If they are, they can keep it. Republicans would put people's insurance at risk by allowing insurance companies to drop people's coverage or put artificial limits on what they will be paid when someone gets sick. We want to make sure insurance is affordable and available for people who have no coverage or if you lose your job or change your job or have a preexisting condition.

I am afraid the Republicans want to maintain the status quo. The status quo is unsustainable. We cannot continue the health care system we have today. Let me give you one statistic which tells the story about the cost and, I guess, the danger when it comes to health care. In the last few years,

the percentage of Americans filing for personal bankruptcy because of medical bills has doubled from 31 percent to 62 percent. That is almost 2 out of every 3 people filing for bankruptcy in America are filing for it because of medical bills.

I think an even more troubling statistic: 78 percent of those filing for bankruptcy because of medical bills have health insurance, health insurance that failed them, health insurance that was not there when they needed catastrophic protection, health insurance that was denied them because of a preexisting condition, health insurance that was not there at the moment when they needed it the most.

That is the reality. To ignore that and say, as some have said on the Republican side of the aisle: We have to go slow, we have to take this slowly and decide whether we need change. We need change. We have asked the Republicans to join us in this conversation about change. They have not done it.

Senator BENNETT from Utah is on the floor. He and Senator WYDEN are exploring an approach to health care which has a few sponsors on both sides of the aisle. It is the only effort I know of on his side to put up a constructive alternative. At least they have come forward with one. It is not one I think most Americans would immediately come to because it eliminates employer-based health insurance. It basically says we, as individuals, would be in a market for health insurance, trying to find the best policies and, under their plan, hope for the competition of that pool of people who would bring costs down.

But, unfortunately, when it comes to the Republican side of the aisle, that is the only offering. The Bennett-Wyden bill is the only offering. Unfortunately, as well, the Republicans have not engaged us and have not agreed to be part of the conversation that leads to a final bill.

Well, we have to deal with this in an honest and open way. We understand that doing absolutely nothing at all is unacceptable because every American, including those on Medicare, will be far worse off if we do nothing at all. Doing nothing at all for many Republicans is the answer. They have created these arguments.

Yesterday, there was an argument in the Finance Committee about government health care and the question of the public option. Should there be, in the choices available to Americans, one not-for-profit option that is trying to bring down costs? Well, I think there should be. Many of the Republicans do not. Some Democrats do not.

In the course of the debate yesterday, a question was asked of Senator GRASSLEY, who opposed the public option: Well, what do you think of Medicare? Isn't that a government-run health care program?

Yes, it is.

Would you eliminate Medicare?

He said: No. That has become part of the social fabric of America.

Why has it become part of it? Because it is reliable, it is affordable, and it changes lives for the better. Why wouldn't you want that option? If you do not want to take the public option under health insurance because you think it is socialism or communism or just plain wrong or you do not trust the government to run health insurance, you do not choose the option. But if you believe in keeping costs down in a program you can rely on that is administered by the government—a program such as, incidentally, the health insurance Members of Congress have—then you can make that choice. That, to me, is what we should be coming down to. But, unfortunately, that option is not open.

We want to hold down health care costs for Americans by attacking waste and fraud. Medicare Advantage, in my mind, is wasteful. Mr. President, 14 percent more the health insurance companies are charging for the same basic Medicare Program. Why in the world would we continue that subsidy to these profitable health insurance companies? Some want to. They argue that any change in Medicare or Medicare Advantage is going to cut basic Medicare benefits. That is just plain wrong.

This do-nothing approach we have heard from the other side of the aisle is going to mean costs are going to continue to skyrocket. As they do, we are going to find fewer and fewer Americans with coverage. We know what is happening with premiums across America. They are going up sky-high, and the wages of American workers are not, so workers are falling behind. Fewer companies are offering health insurance. Smaller businesses even have a more difficult time offering health insurance.

I put together a bill with Senator LINCOLN of Arkansas, Senator SNOWE, and Senator COLLINS of Maine that was supported by the National Federation of Independent Businesses and the realtors to give small businesses a chance to get into a pool to reduce their cost and their administrative overhead and to have health insurance available. I could not draw any more Republican support for that idea. Too much government, they said. Well, for a lot of small businesses that intervention in the marketplace could make a big difference.

I had a hearing back in my hometown of Springfield, IL, on Monday. It was not exactly a hearing. It was more of a roundtable. I wanted it to be informal because I wanted to hear stories. I heard quite a bit.

I heard from Sandy Hill. Sandy is an interesting woman. She and her husband own an excavating company, a small business in central Illinois. They are proud of it. They work hard at it. She said: My husband is going to die on the job. He is the kind of guy who will never retire. He is a hard-working guy, proud of his business.

Sandy, unfortunately, has diabetes. As a result of that, they cannot afford

health insurance. No health insurance for her or her husband, and Sandy is in a position in life where she needs it. Her doctor was there with us. Sandy talked about the fact—because she does not have health insurance, and can spend up to \$900 a month on insulin and other care for her diabetic condition—that sometimes she has had to make the decision to cut back on her medication. I looked over at her doctor, Dr. Albers, who was sitting next to me, and she winced when Sandy said that and thought that is the wrong thing to do. It is the wrong thing to do. But Sandy Hill has no choice. She does not have health insurance. She gets up and goes to work every single day, proud of the little business she and her husband have put together, and she cannot get health insurance.

In 2009, in the United States of America, a hard-working woman and her husband with no health insurance, with a medical condition that could be life-threatening if she does not receive basic care and protection. We have said to our Republican friends, and we have said to all the critics and detractors: Join us in solving this problem. Let us get costs under control. Let's start reducing the increase in the costs of health care. We have to do this. Let's also make sure health insurance companies treat people fairly, that they do not deny coverage to them when they need it the very most. Let's make sure as well that people like Sandy Hill who have no health insurance will have a choice, an option to turn to. That is only sensible. I think it should include a public option. She can decide whether she wants it. If she doesn't want it, she doesn't have to take it. She will have private health insurance companies and the public option—her choice to take one or the other.

Let's also start dealing with some fundamentals here. We need to focus more on prevention and wellness in America. Keeping people healthy and well is not only good for them and their families, it is good for the cost of health care in our country. I believe it is important that we focus more on that.

If you have a \$5,000 deductible—and a lot of people do because they have health insurance policies with expensive premiums, so they put a big deductible on it—let's assume you have a \$5,000 deductible or copay. I just ran into a man with that. What does that do to you? Some people say: Well, it is an incentive not to overuse the system. That is true, but you have to watch out that it isn't a perverse incentive.

The man I met had been told by his doctor that he needed a colonoscopy. There were some worrisome signs that indicated he needed that procedure to find out if he, unfortunately, had polyps or colon cancer, and he needed to be treated right away. Because he had a \$5,000 copay, he asked: What does it cost?

They said: It is \$3,000.

He said: I can't afford it. I will try to get back to that later.

People with copays and deductibles that are very high turn down some very basic procedures, preventive procedures, that can catch something in an early stage and deal with it in an effective way. That is what we are trying to achieve here. We are trying to achieve this quickly so we can turn this around and move this forward and so we have real health care reform.

I agree with those who say the bill should be in writing and Members should have a chance to read it. That just makes sense, and it will be. But those who want to slow it down for weeks or months—maybe let's wait until next year; maybe it will take a few years—don't understand the pressing urgency of our dealing with this problem.

The President has committed himself to this like no other President since maybe President Clinton or President Lyndon Johnson. It has been years. Under the previous Republican President, there were no proposals when it came to health care reform—none. None that I can recall. The closest thing I can remember is the Medicare prescription drug plan which I mentioned earlier. An extension of the Children's Health Insurance Program, which we had to fight with the administration over, is one that I think has been good, to extend health care, with the help of the government, to a lot of kids who otherwise wouldn't be protected.

The Republican leader came to the floor today and talked about his concerns, and there were many.

He said it was going to raise taxes. Well, let's make it clear. When we talk about health care reform, first, President Obama has said he will not sign any health care reform bill that adds to the deficit. So, unlike the Medicare prescription drug program which added to the deficit dramatically, this approach cannot add to the deficit. We have to pay for it.

He said it would include tax hikes. Well, I don't know what is going to be included in the health care reform bill in terms of increases in revenue. If we are talking about taking the subsidy back from the health insurance companies under the Medicare Advantage Program and the Republicans are objecting to that, they can, but I think most Americans would agree that the subsidy is something that shouldn't be sustained.

He argues that the bill is 1,000 pages long. It might be. We are talking about a change in our basic economy that affects \$1 of every \$6 spent. It, of course, is going to have a lot of sections to it to consider all of the possibilities.

He talks about the cost of \$1 trillion over 10 years. The Republican leader objects to that. This year, we will spend \$2.5 trillion on medical care and health care in America. Over the next 10 years, I am sure the total figure will be over \$35 trillion. So addressing it with a \$1 trillion program over 10 years is less than 3 percent of what we anticipate spending on health care if we do

nothing. So \$1 trillion is a staggering figure until it is put into context.

He says it will impact a sixth of the economy. He is right.

He says it will impact every American. He is right about that. It is the biggest challenge we have faced. It is one that is going to be tough, politically difficult, but we have to do it. As the President said, if it were easy, some other President would have done it a long time ago, but we have to do it now.

I believe most people understand that the bottom line here is that failing to do this—do nothing, as some on the other side of the aisle would suggest—isn't going to solve this problem, it is going to make it much worse. It is going to reach a point where we are going to face even grimmer choices in the future. The American people will stand up and work together on a bipartisan basis for something that is truly good for the common good. There will be dissenters. There are people standing outside now with signs against the public option. That is part of the American way. But the fact is, if we do nothing, this situation will get dramatically worse.

I yield the floor.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from Ohio.

MR. BROWN. Mr. President, I appreciate the words of Senator DURBIN, especially his story about Sandy Hill from Illinois and what he said about her situation.

I come to the floor often to share letters I have received from people all over my State who oftentimes were very happy with their health insurance and then found out their health insurance, once they got sick, wasn't so good. Let me share a couple of these letters, and then I have some other comments I wish to make.

Susan from Stark County, in the Canton area, writes:

The cost of having health insurance is coming to a point where I may have to drop it because of the cost. I have three years until I can qualify for Medicare, but in that, how high will my premiums increase? Right now my insurance costs almost \$500 a month and as of this November will increase another \$60 a month. The insurance companies dictate to the doctors what they can charge and to the patients how long hospital stays can be. This is not fair to those of us who have to try to pay our own way.

That is exactly what we are addressing in this bill. Many people have insurance. Many people are generally satisfied with their insurance, but they are seeing several things happen: The costs continue to go up; small businesses continue to be more burdened with the expense of covering their employees; and in too many cases, people who had decent insurance get denied care, perhaps because of a cap or a lifetime cap where they get very sick, they take biologic drugs, they go to the hospital for a long hospital stay, and all of a sudden they have busted their cap. In other words, the fine print in their insurance policy says: We are

not covering you after we spend X number of dollars. They have lost their insurance, and bankruptcy is too often around the corner.

Jeanne from Dayton writes:

Last November I was laid off from my job and lost my benefits at the same time. My husband has health insurance through his employer, but he might lose his job soon. We're both in our mid 50s and have more than 10 years to go before we can get on Medicare. We've been frugal all our lives. We've got enough money in savings to pay off our mortgage, if necessary. We could even live on the pensions we've accumulated starting today if we had to. But that's assuming we have no health problems in the next 10 years. Please don't let greed take away what we have worked so hard for.

The assistant majority leader, Senator DURBIN, just spoke about insurance subsidies and how this legislation is going to be good for insurance companies. It is going to get a good bit of money to the insurance industry so they can cover people and bring their rates down. That is why the public option Senator DURBIN spoke about is so important.

The public option will make sure the insurance companies play by the rules. We are going to have insurance reform in this bill. We are going to outlaw pre-existing conditions, the game of community rating. We are going to outlaw those insurance companies putting a cap on costs for any individual patient, either an annual cap or a lifetime cap. We are going to outlaw discrimination based on geography or gender or disability or age in this legislation. We are going to enforce these rules because we have all seen the insurance companies game the system even when the rules were thought to be strong and tight and ironclad. We know the insurance companies will still try to game the system. That is why the public option is so important.

The public option is an option. You can choose CIGNA or Aetna; you can choose, in my State, Medical Mutual, a not-for-profit headquartered in Cleveland; or you can choose the public option. The public option will make sure CIGNA and Aetna and those other for-profit insurance companies play by the rules. That is why it is so important.

Randolph is from Summit County. He says:

I have operated a small business in Ohio for 25 years. We have provided all of our employees health insurance from day one. It does hurt, it's the only area we can count on going up every single year—and not three or five percent, but double digit increases nearly every year for the past 27 years. These increases stop us from what we could do: Add more employees. This country needs health insurance reform now.

Randolph is exactly right. Almost every small businessperson I know wants to cover his or her employees. Those small businesses are getting so oppressed by these health insurance costs that it stops—in many cases, it means they have had to scale back the benefits they provide their employees, force their employees to pick up more of the cost. It also means, as Randolph

points out, he would like to hire more people, grow his business more, expand, but he can't do it because of health care costs. That is why this legislation is so important.

The public option is important to keep the insurance companies honest. The assistance we are going to provide for small businesses with tax credits will allow them to pool their resources, with the opportunity, if they choose, to go into the public option. All of that will help those smaller employers in Mansfield and Gallipolis, in Fremont and all over my State, will help those small employers, those small businesses prosper, be able to provide insurance for their employees, and allow them to grow and do what they want to do as businesspeople.

#### PEDIATRIC CANCER RESEARCH

MR. BROWN. On August 6, Alexa Brown, an 11-year-old from Clyde, OH, died of brain cancer. Alexa was an active, happy, and beautiful little girl. Her courage in the face of such tragic circumstances was inspiring.

Unfortunately, Alexa's battle with cancer is not an isolated case. Cancer is the No. 1 cause of nonaccidental death in children. It is responsible for more deaths from ages 1 to 19 than asthma and cystic fibrosis and AIDS combined.

In northwest Ohio and the area around Clyde, 19 other children have been diagnosed with a form of invasive cancer in the last decade. Public health officials are trying to get to the bottom of the environmental origins of this cancer cluster, as it is called, but in too many cases we simply don't know enough about the disease to reach any definitive conclusions.

It is this lack of knowledge and it is heartbreaking stories such as that of Alexa Brown that persuaded us in Congress to unanimously pass the Caroline Price Walker Conquer Childhood Cancer Act last year. That bill, named after former Ohio Representative Deborah Pryce's 9-year-old daughter who died of cancer, established a national patient registry for pediatric cancer patients at the Centers for Disease Control and Prevention as well as authorized additional funding for pediatric cancer research at the National Institutes of Health. After passing that bill, it may have been tempting to just claim victory, but today, 14 months later, there is still much to be done to fully realize the goals of that legislation.

The Senate version of the Labor, Health and Human Services appropriations bill does not yet include the direct funding authorized by the Caroline Pryce Walker Conquer Childhood Cancer Act. The House bill does. That is why today, on the last day of Childhood Cancer Awareness Month, Senator VOINOVICH and I sent a letter to appropriators urging that the final Labor-HHS package include \$10 million specifically—specifically—for pediatric cancer research.